

Trudy McGill  
RUSK COUNTY CLERK  
P.O. BOX 758  
HENDERSON, TEXAS 75653  
903-657-0301

**APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE**

IN ORDER TO GET A CERTIFICATE, YOU MUST BE MOTHER, FATHER, SPOUSE, CHILD, GRANDPARENT, BROTHER OR SISTER, OR YOURSELF, WITH A VALID GOVERNMENT ISSUED PICTURE I.D. NO EXCEPTIONS...

Optional Donation to promote healthy early childhood Texas Home Visiting Program-\$5.00

1. FULL NAME (Maiden) ON CERTIFICATE \_\_\_\_\_
2. MALE OR FEMALE \_\_\_\_\_
3. DATE OF BIRTH \_\_\_\_\_
4. COUNTY OF BIRTH \_\_\_\_\_
5. DATE OF DEATH (N/A) \_\_\_\_\_
6. COUNTY OF DEATH (N/A) \_\_\_\_\_
7. NAME OF FATHER \_\_\_\_\_
8. NAME OF MOTHER (MAIDEN) \_\_\_\_\_
9. PURPOSE IN OBTAINING CERTIFICATE: RECORDS
10. RELATIONSHIP TO PERSON IN LINE ONE: SELF, SPOUSE, SIBLING, PARENT, CHILD  
GRANDPARENT, LEGAL GUARDIAN
11. APPLICANT'S ADDRESS INCLUDING CITY, STATE AND ZIP CODE  
\_\_\_\_\_
12. NUMBER OF COPIES DESIRED \_\_\_\_\_
13. SIGNATURE OF APPLICANT \_\_\_\_\_
14. PHONE # \_\_\_\_\_

FEES:

ALL BIRTHS CERTIFICATES ---\$23.00 each  
Money Orders ONLY

DEATH CERTIFICATES -----\$21.00  
EACH ADDITIONAL DEATH  
CERTIFICATE REQUESTED  
AT TIME FIRST COPY MADE -- \$4.00

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

RECEIPT # \_\_\_\_\_

SECURITY PAPER # \_\_\_\_\_

FILE M # \_\_\_\_\_

REGISTRAR'S # \_\_\_\_\_

Date Issued: \_\_\_\_\_

## NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE	
FULL NAME OF PERSON ON RECORD	DATE OF BIRTH/DEATH
PLACE OF BIRTH/DEATH (City or County)	SEX
FULL NAME OF PARENT 1	FULL NAME OF PARENT 2

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____ (Name)	
now residing at _____ (Address) _____ (City) _____ (State)	
who is related to the person named on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20 _____	
(Seal)	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City, State and Zip

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

**MUST SEND MONEY ORDER  
IF MAILING THIS IN.**

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(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)